

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584738

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
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13	1	9	/	/		
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17	1		/			
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19	1		/			
20	1		/			
21	1		/			
22	1	9	/	/		
23	1	9	/	/		
24	1	9	/	/		
25	1		/	/		
26	1		/	/		
27	1		/	/		
28	1		/	/		
29	1		/	/		
30	1		/	/		
31	1		/	/		
32	1		/	/		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						